

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Generation Forward PAC			FEC IDENTIFICATION NUMBER ▼ C C00578724		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Resonate Networks			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">08 / 07 / 2015</div>		
Mailing Address 11720 Plaza America Drive 3rd Floor			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">70000.00</div>		
City State Zip Code Reston VA 20190		Transaction ID : SE.4196 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">08 / 07 / 2015</div>			
Purpose of Expenditure Web Advertising		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>			
Name of Federal Candidate MARTIN JOSEPH O'MALLEY			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA					
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">0.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee StoryFarm			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">08 / 07 / 2015</div>		
Mailing Address 1909 Thames Street Suite 201			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">5000.00</div>		
City State Zip Code Baltimore MD 21231		Transaction ID : SE.4197 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">08 / 07 / 2015</div>			
Purpose of Expenditure Ad Production		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>			
Name of Federal Candidate MARTIN JOSEPH O'MALLEY			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA					
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">0.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">75000.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">75000.00</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Damian O'Doherty			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">08 / 07 / 2015</div>		

[Electronically Filed]